

APPLICATION FOR THE INITIAL REGISTRATION OF A PESTICIDE PRODUCT-SIDE 1

INSTRUCTIONS:

1. This form is to be used for new registrations only. **Do not use this form for product registration renewal!**
2. Complete this form entirely. Incomplete forms will not be processed. Use continuation sheet on reverse side if registering more than 6 products. **Note:** The company name that appears on the label is considered the product registrant. Only products with the same product registrant can be listed together on one form. Use a separate form for each different product registrant.
3. For each brand name listed, answer 'YES' or 'NO' to the question regarding the active ingredient, and complete form VPX-014B for each brand name where the answer was 'YES'.
4. For each brand name listed, enclose a legible copy of the finished printed product label.
5. Send to the letterhead address, attention 'Product Registration'. The street address, for Fed Ex, UPS, etc., is 22 S Clinton Ave, 3rd Fl, Trenton, NJ 08609.
6. **Do not send in the registration fee of \$250/product with this application form. You will be invoiced separately for the registration fee when the products are accepted for registration.**

INFORMATION ON THE COMPANY WHOSE NAME APPEARS ON THE LABEL (PRODUCT REGISTRANT)

Registrant Name: _____

Mail Address: _____

City, State or Country, Zip: _____ Phone: _____ ext _____

If located in New Jersey, provide full street address:

Street Address: _____

City, State, Zip, County: _____


INFORMATION ON THE BILLING PARTY FOR THESE PRODUCTS

Billing Party Name: _____

Mail Address: _____

City, State or Country, Zip: _____

Contact Person: _____ Phone: _____ ext _____

BRAND NAME OF PRODUCT		EPA REGISTRATION #	YES	NO
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
<input type="checkbox"/> Check this box if continuation sheet on reverse side is used.				

Do any of the above products contain an active ingredient not previously registered in New Jersey? (Contact the primary registrant, if necessary, for this information.) Fill in 'NA' if the product listed is a Section 18, Section 24(c), or EUP registration. For each product where you answered 'YES', complete form VPX-014B.

APPLICATION FOR THE INITIAL REGISTRATION OF A PESTICIDE PRODUCT-SIDE 2

CONTINUATION SHEET

(Do not use this continuation sheet by itself. Side 1 must be completed first.)

Product Registrant Name: _____

Billing Party Name: _____

BRAND NAME OF PRODUCT	EPA REGISTRATION #	YES	NO
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____
21. _____	_____	_____	_____
22. _____	_____	_____	_____
23. _____	_____	_____	_____
24. _____	_____	_____	_____
25. _____	_____	_____	_____
26. _____	_____	_____	_____
27. _____	_____	_____	_____
28. _____	_____	_____	_____
29. _____	_____	_____	_____
30. _____	_____	_____	_____



Do any of the above products contain an active ingredient not previously registered in New Jersey? (Contact the primary registrant, if necessary, for this information.) Fill in 'NA' if the product listed is a Section 18, Section 24(c), or EUP registration. For each product where you answered 'YES', complete form VPX-014B.

New Jersey Department of Environmental Protection
Pesticide Control Program
PO Box 411, Trenton, NJ 08625-0411
Telephone: (609) 984-6901

APPLICATION FOR INITIAL REGISTRATION OF A PESTICIDE PRODUCT -- PAGE 2

INSTRUCTIONS: Complete this form **only** if "Yes" was checked on Form VPX-014A in the column to the right of the EPA Registration Number of a listed product. Complete one of these forms for *each* product checked "Yes".

- 1) EPA Registration Number of Product
- 2) How would you describe your company with regard to the active ingredient(s) found in this product?
Check all that apply.

____ Primary Registrant

____ Product Formulator/Reformulator

____ Product Distributor
- 3) Has the US EPA placed "conditions" on the registration of this product, and/or the active ingredient(s) contained in this product?

____ Yes (Go to Question #4) ____ No (Go to Question #5)
- 4) Check off all that apply in regard to the "conditions" of registration:

____ Potential ground and/or surface water concerns

____ Potential cancer, reproductive or other health effect concerns

____ Potential adverse environmental/ecological impacts

____ Data gaps (list) _____

____ Other (list) _____

- 5) Please attach copies of the following documents related to this product:
 - a) Material Safety Data Sheet (MSDS)
 - b) US EPA Notice of Pesticide Registration/Reregistration, or
US EPA Notice of Supplemental Distribution
 - c) US EPA Fact Sheet for the Active Ingredient(s)